



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND DEPARTMENT OF TRANSPORTATION
OFFICE OF HUMAN RESOURCES
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EMPLOYEE HANDBOOK

Welcome to the Rhode Island Department of Transportation. This handbook contains information relative to your employment. Further questions may be directed to the Office of Human Resources at 222-2572 or you may visit the Human Resources Web Page at www.dot.ri.gov/humanresources/.

PAID TIME OFF

Vacation Time:

Employees are eligible for vacation according to their length of service as stipulated by Personnel Rule 5.0614. In addition, employees shall accrue vacation leave on an hourly basis according to the following schedule:

<u>Years of Service</u>	<u>Accrual Rate</u>	<u>Up Front Days</u>	<u>Days Subject To Accrual</u>	<u>Total Potential Vacation Days</u>
0 - 5	.0308	2	8	10
5 - 10	.0500	2	13	15
10 - 15	.0538	4	14	18
15 - 20	.0615	4	16	20
20 - 25	.0654	9	17	26
Over 25	.0731	9	19	28

New employees will be granted two (2) days up front and accrue at a rate of 2.2 hours per pay period for 35.0 hours per week and 2.5 hours per pay period for 40.0 hours per week.

Employees who must serve a six (6) month probationary period shall work 130 days in the class position. Vacation, sick leave, personal days utilized, or leave without pay during a probationary period are considered days not worked and will extend the end date of your probation.

Sick Leave:

Employees, whose basic work week is thirty-five (35.0) hours or in the non-standard category, shall accrue four (4) hours for each bi-weekly period of service to a maximum balance of 875; employees whose basic work week is forty (40.0) hours, shall accrue five (5) hours for each bi-weekly period of service to a maximum balance of 1000 hours.

(Rev. 1/15/09)

Employees must notify his/her immediate supervisor in accordance with the office policy when

illness prevents him/her from reporting for work as scheduled. After utilizing three (3) consecutive calendar days of sick leave, an employee must present documentation of the illness to their supervisor.

Sick leave with pay due to illness or death in the immediate family is to be used only in an emergency and is limited to ten (10) working days within any calendar year.

Note: Accrued hour balances (Vacation and Sick Leave) may be obtained by contacting the Payroll Office at 222-6926.

Personal Leave:

On January 1st of each year, the state shall allow each employee four (4) working days leave with pay, per calendar year, to be used for personal business and/or religious observance. Requests for the discharge of personal leave must be approved in advance in accordance with office policy.

For the first calendar year of employment, employees hired between January 1 and March 31 shall receive four (4) days; employees hired between April 1 and June 30 shall receive three (3) days; employees hired between July 1 and September 30 shall receive two (2) days; employees hired between October 1 and December 31 shall receive one (1) day.

Military Leave:

Employees who, by reason of membership in the United States Military, Naval or Air Reserve of the Rhode Island National Guard or Naval Reserve, are required by the appropriate authorities to participate in training activities as a part of the State military force or special duty as a part of the Federal military force, shall be granted military training leave with pay not to exceed fifteen (15) working days in any one calendar year.

Holidays:

The State of Rhode Island observes the following paid holidays per Personnel Rule 5.041:

New Year ' s Day	January 1
Dr. Martin Luther King ' s Birthday	Third Monday in January
Memorial Day	Last Monday in May
Independence Day	July 4
Victory Day	Second Monday in August
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veteran ' s Day	November 11

Election Day	Tuesday after the first Monday in even years.
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25

Bereavement:

In the event of a death in the employee's family, the employee shall be entitled to absence with full pay per death not chargeable to the employee's sick leave accumulation for:

- (a) Four (4) days in the case of the death of a spouse (including domestic partner), child (including foster child or stepchild who resides with the employee), mother, father, brother or sister;
- (b) Three (3) days in the case of death of a mother-in-law, father-in-law, grandmother, grandfather, grandchild or any other relative living in the employee's household;
- (c) One (1) day in the case of death of an aunt, uncle, sister-in-law or brother-in-law.

If more than the above days of bereavement leave are needed, such additional time must be charged to annual or personal leave.

Parental and Family Medical Leave:

Every employee who has been employed for twelve (12) consecutive months shall be entitled to, upon advance notice to his or her employer, a period of up to one (1) year for parental leave and a maximum leave duration of thirteen (13) weeks for family leave in any two (2) calendar years. Parental leave involves the birth of a child of an employee or the placement of a child sixteen years of age or less with an employee in connection with the adoption of such child by the employee. Family leave means leave by reason of the serious illness of a parent, spouse, child, mother-in-law, father-in-law, or the employee himself or herself. Such leave may consist of unpaid leave.

HEALTH INSURANCE

PREFERRED PROVIDER ORGANIZATION (PPO)

UnitedHealthcare (866) 202-0434 -- Members are covered for all eligible services including office visits wherever they live, work or travel if obtained from a provider within the Options PPO Network. Co-pay for primary care office visits is \$10.00. Members may choose to receive services from non-participating providers and still receive 80% of the maximum allowance with no deductibles.

MEDICAL PLAN CHANGES

On October 1, 2008, the following co-pays for medical services will

become effective:

- Emergency room co-pay is \$100
- Urgent Care co-pay is \$35
- Specialist office visit co-pay is \$20 (includes all physicians other than primary care physicians)
Note: Primary Care office visit co-pay is \$10 (includes internal medicine, family practice, pediatrics and geriatrics)

BIWEEKLY HEALTH CO-SHARES

Coverage Level	Percentage	Medical	Dental	Vision	Total 01/01/09
<i>Individual:</i>					
Less than \$45,000	12%	\$26.66	\$1.54	\$0.38	\$28.58
\$45,000 to less than \$75,000	15%	\$33.32	\$1.92	\$0.47	\$35.71
\$75,000 to less than \$90,000	18%	\$39.98	\$2.31	\$0.57	\$42.86
\$90,000 and above	25%	\$55.53	\$3.21	\$0.79	\$59.53
<i>Family:</i>					
Less than \$25,000	8%	\$49.82	\$2.87	\$0.53	\$53.22
\$25,000 to less than \$35,000	11.5%	\$71.61	\$4.13	\$0.77	\$76.51
\$35,000 to less than \$45,000	12%	\$74.72	\$4.31	\$0.80	\$79.83
\$45,000 to less than \$75,000	15%	\$93.41	\$5.38	\$1.00	\$99.79
\$75,000 to less than \$90,000	18%	\$112.09	\$6.46	\$1.20	\$119.75
\$90,000 and above	25%	\$155.68	\$8.97	\$1.67	\$166.32

Part Time Employee

(Based on Annualized Total Rate)

Coverage Level	Percentage	Medical	Dental	Vision	Total 01/01/09
<i>Individual:</i>					
Less than \$55,000	15%	\$33.32	\$1.92	\$0.47	\$35.71
\$55,000 to less than \$90,000	20%	\$44.43	\$2.56	\$0.63	\$47.62
\$90,000 and above	35%	\$77.75	\$4.49	\$1.10	\$83.34
<i>Family:</i>					
Less than \$55,000	15%	\$93.41	\$5.38	\$1.00	\$99.79
\$55,000 to less than \$90,000	20%	\$124.54	\$7.18	\$1.33	\$133.05
\$90,000 and above	35%	\$217.95	\$12.56	\$2.33	\$232.84

Prescription Drug Coverage - UnitedHealthcare includes a prescription drug rider with either a \$5.00 co-pay for generic drugs, \$20.00 co-pay for brand-name drugs, or \$40.00 co-pay for non-

preferred drugs, per prescription. Also, UnitedHealthcare has a prescription mail order program.

- The drug co-pay for a 31-day supply shall be as follows:
- Tier 1 Tier 2 Tier 3
\$5.00 \$20.00 \$40.00

There is no separate co-pay arrangement for 60-day supplies or 100 units.

Mail order network pharmacies: 3 month supply of a prescription drug for 2 co-payments.
Maximum fill is 3 month supply.

Vision Care - Vision Service Plan - VSP (800) 877-7195 - This plan is designed to provide for regular eye examinations and benefits toward vision care expenses including glasses or contact lenses for employees and their dependents.

Dental Insurance – Delta Dental (800) 843-3582 Levels I, II, and IV - Provides coverage for preventative or restorative dental procedures such as oral examination, x-rays, fluoride treatments, cleanings, fillings as well as corrective procedures such as endodontics, inlays and crowns, space maintainers, oral surgery and periodontics up to a \$1200 calendar year maximum per subscriber. Dependent unmarried children are covered under Blue Cross Dental (orthodontic rider) until age 19 only. There is a separate \$850 lifetime maximum per eligible dependent.

DENTAL PLAN CHANGE

On January 1, 2009, the following dental change will become effective:

- Crown coverage will change from 100% to 80%.

RETIREMENT*

Membership in the Retirement System is compulsory for all employees who work a minimum of 20 hours per week. State employees are required to contribute **8 3/4%** of their bi-weekly salary to the system.

A. You must have ten (10) years of contributing service in order to retire. You may retire with 28 years of service or at age 60 with ten years of contributing service. **If you are vested by July 1, 2005, you may retire at any age or at age 60 with ten years of contributing service under Schedule A.**

B. Any employee vested after **July 1, 2005**, may retire if:

1. You have reached the age of 65 and have 10 years of contributing service; or
2. You have reached the age of 55 and have 20 years of contributing service; or
3. You have reached the age of 59 and have 29 years of contributing service.

***An enrollment application will be mailed to your home from retirement. Please complete your portion and bring to Human Resources for processing.**

AETNA GROUP LIFE INSURANCE

Basic Group Life Insurance - Provides group term insurance up to one times total salary and accidental death and dismemberment coverage. Coverage also includes disability waiver of premium provisions. Employee's share of the cost is .1828 per \$1000 of Life Insurance per bi-weekly pay period. Coverage for all employees is based upon an amount equal to your annual rate rounded to the nearest thousand-dollar amount, if not already a multiple of a thousand dollars. Your contributions will be payroll deducted. The maximum amount of insurance available is: **BASIC-1x salary to \$150,000.00.**

Optional Group Life Insurance - Supplements Basic Group Life Insurance. Employees may apply for an additional amount of one times their salary at the discretion of the carrier with a maximum guarantee of \$150,000.00. The cost of Optional Life Insurance is based on your age. Your rate will increase as you enter the next age bracket. Your contribution will be payroll deducted.

SALARY INCREASES

Salary increases are pre-determined by the salary range assigned to the specific classification. For employees new to state service, the first salary increase is effective 6 months from the appointment date. Salary increases occur annually from that salary increase date until the top step is reached in the assigned salary range. Also, pay plan increases may occur and the amount and effective date is determined by the State.

LONGEVITY INCREASES

Each employee shall be granted a longevity increase according to the following formula:

<u>Years of Service</u>	<u>Percentage Increase on Base Rate</u>
5	5%
11	10%
15	15%
20	17.5%
25	20%

INCENTIVE PROGRAM

This program requires that application for acceptance be made on each job related course to the Training Section of the Department of Administration at least two (2) weeks prior to the start date of the course. When approved, the employee must successfully complete the course and provide copies of documents showing course completion to the Training Section.

All training courses for which credit is allowed must consist of a minimum of twenty-four (24) hours of instruction for one full credit. Training courses consisting of less than twenty-four (24) hours of instruction but not less than fifteen (15) hours will receive one-half (1/2) credit. Upon the completion of four (4) incentive credits, authorization will be made to the personnel office to process paperwork for a one-step salary increase. **This increment shall be retained for not more than 4 years.**

Payment for training courses will be given when funds are available and only if you receive approval **in advance** for job related courses by your supervisor and training officer; obtain a passing grade or satisfactory completion and provide the Office of Human Resources Training Officer with a copy of your cancelled check (both sides). In-Service Training Incentive Credit forms and Course Reimbursement forms may be obtained from the Office of Human Resources and, upon completion, must be returned along with the proper signatures.

SMOKING POLICY

The Department of Transportation has a smoking policy, which prohibits smoking throughout facilities except in designated smoking areas identified by "Smoking Permitted."

DRUG FREE WORKPLACE POLICY

The State of Rhode Island, in accordance with Executive Order 89-14 and the State's Drug Free Workplace Policy prohibits possession, use and distribution of illegal drugs in the workplace. In addition, each employee is required by law to inform the agency within five (5) days after (s)he is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt, a plea of guilty, regardless of the imposition of any sentence. Employees who violate this Drug Free Workplace Policy will be subject to disciplinary action. The State encourages any employee with a drug abuse problem to seek assistance from the LifeWatch Employee Assistance Program (800) 333-6228.

EQUAL EMPLOYMENT OPPORTUNITY

The Department of Transportation is an Equal Opportunity employer. The Office of Human Resources has an Affirmative Action Plan publication, which outlines numerous policies and practices instituted to ensure an equal opportunity environment. This Plan is available for review at the Office of Human Resources and at various divisions.

PERSONNEL FILES

Individuals within the Department have the option to review their personnel file up to three times during a given calendar year. These files will maintain confidential documents relative to an Employee's employment within the Department only. The personnel office recognizes the confidentiality of this information and only releases non-public information upon receipt of a signed

release from the employee or pursuant to subpoena, administrative order or other legal process.

COBRA

Federal Law, the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers, including the State of Rhode Island to allow people who lose their group health coverage to purchase identical coverage at group rates. Because you are leaving state service, you, your spouse and dependents, if any, have a right to purchase health, prescription, vision (where applicable) and Blue Cross Dental for a period of 18 months. For further information, contact the Office of Personnel Administration, Cobra Office at 222-3279.

MISCELLANEOUS

A newly married employee has sixty (60) days from the date of marriage to pick up the spouse on the coverage. If this is not done within this time period, the employee must wait until the fall open enrolment to change from individual to family plan.

Newly born children may be added to family memberships within one (1) month following the date of birth by notifying the Office of Human Resources at 222-2572. A social security number must be provided as soon as possible.

Paychecks are issued bi-weekly and are distributed by office supervisors on Fridays. Every effort will be made to ensure that new employees are paid within an appropriate time frame.

OTHER OPTIONAL PROGRAMS AND BENEFITS

Prepaid Legal Services Insurance - Signature Legal Care 1-800 848-2012 - This program offers the participant prepaid access to legal services on a limited basis. It provides coverage from common legal needs to major legal situations that might prove personally or financially ruinous without the support of a qualified attorney. Full time employees are eligible for voluntary enrollment into the State's Prepaid Legal Services Program. Open enrollment occurs on an annual basis. New hires have thirty (30) days in which to enroll.

AFLAC Cancer Plan - (401) 521-7700 - Cancer Indemnity Insurance and Cancer Expense Protection Insurance. These policies are provided when hospitalized for cancer treatment and for specified outpatient treatments.

AFLAC Short Term Disability Plan (401) 521-7700 - This program is designed to assist you by replacing a portion of your income should you become disabled. This includes disabilities caused by injuries occurring off the job and due to sickness. You select the benefit amounts from \$700 per month up to a maximum of \$3,000 per month, subject to income requirements. Benefit periods are 6, 12 and 24 months. This program has a 30-day waiting period and benefits are paid directly to you for illness/accident.

CORNERSTONE ADMINISTRATIVE SERVICES Flexible Spending Account – Medical

Care/Dependent Care Reimbursement Accounts (800) 720-4460 – This FlexPlan is a Flexible Spending Account Plan that provides you with the opportunity to withhold pre-tax dollars from your paycheck to pay for qualified, health related and dependent care expenses.

Deferred Compensation - Fidelity Investments (800-343-0860); **AIG (VALIC)** (800) 448-2542; **ING (Aetna)** (800) 387-9003. This program provides a means to supplement your retirement benefits by setting aside a predetermined percentage of your total income on a tax-deferred basis. You can participate in one, two or all three plans at once, subject to the annual overall combined maximum currently set at \$15,500. (\$20,500 for employees age 50 and over).

U. S. Savings Bonds - Employees may purchase, through payroll deduction, Series EE and/or Series I bonds to be used for personal or educational purposes. The Office of Human Resources has the appropriate forms.

College Bound Fund (800) 324-5057 - State sponsored college savings/investment program designed to encourage and assist Rhode Island State Employees to plan, save and invest in anticipation of the increasing costs associated with obtaining post-secondary education for our children. State employees can participate through payroll deduction by simply requesting an enrollment kit and payroll deduction form.

Social Security - State employees are automatically included in the Social Security system.

Direct Deposit (401) 222-6926 - Forms are available in the Payroll Office for banking institution of your choice.

LifeWatch Employee Assistance Program (800) 333-6228 - A free service available to State employees and their dependents. It provides you with confidential counseling and referral services for a wide variety of personal or job-related problems.

Rewards for Wellness Program This program is an innovative health incentive program designed to help you adopt and maintain healthy behaviors as a way of life. Participation in predetermined wellness programs and screenings allows eligible employees to earn up to \$500 in credits toward health insurance co-shares.